

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

650709

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	✓		1				61					
2	1		1				62					
3		2		2			63					
4		2		2			64					
5		2		2			65					
6		2		2			66					
7		2		2			67					
8		2		2			68					
9		2		2			69					
10		2		2			70					
11		2		2			71					
12	1		1				72					
13		1		1			73					
14							74					
15							75					
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18							78					
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31							91					
32							92					
33							93					
34							94					
35							95					
36							96					
37							97					
38							98					
39							99					
40							100					
41												
42												
43												
44												
45												
46												
47												
48												
49												
50												
TOTAL IND.	3		3				TOTAL IND.					
TOTAL DEP.	11		19				TOTAL DEP.					
TOTAL CLAIMS	14		22				TOTAL CLAIMS					